



Telemedicine, Health Information Technology, and Medical Homes: What do they have in common?

House Vision 2020 Committee

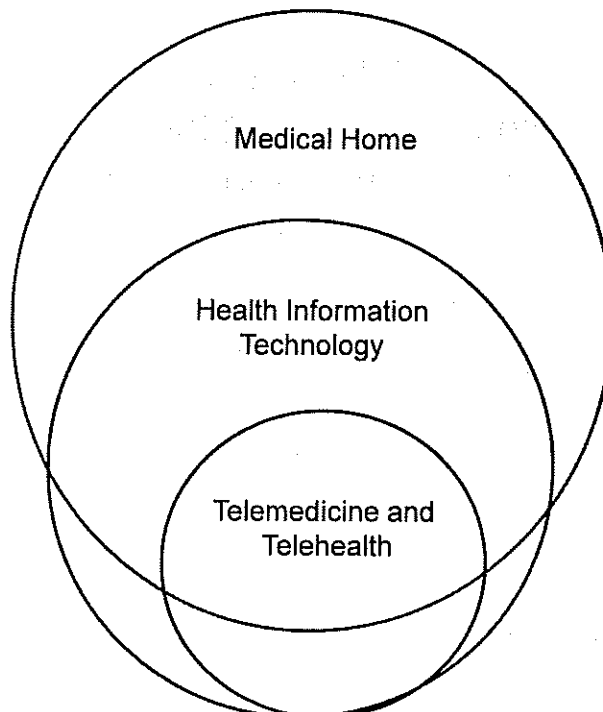
February 4, 2009

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Goals & Dollars



Goals:

- Improve health
- Improve coordination of care
- Reduce duplication of services
- Save system dollars

Dollars:

- Provider \$ stretched
- State \$ non-existent
- Federal \$ through stimulus package

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Federal Stimulus Package

- Includes four goals for HIT/HIE:
 - (1) Enact standards by 2010 that allow for the nationwide electronic exchange and use of health information
 - (2) Invest \$20 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients' health information.

Ways and Means Committee, January 19, 2009

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Federal Stimulus Package

- (3) Save the government \$10 billion, and generate additional savings throughout the health sector, through improvements in *quality of care and care coordination, and reductions in medical errors and duplicative care.*
- (4) Strengthen Federal privacy and security law to protect identifiable health information from misuse as the health care sector increases use of HIT.

Ways and Means Committee, Jan. 19 2009

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Why should that matter to Vision 2020?

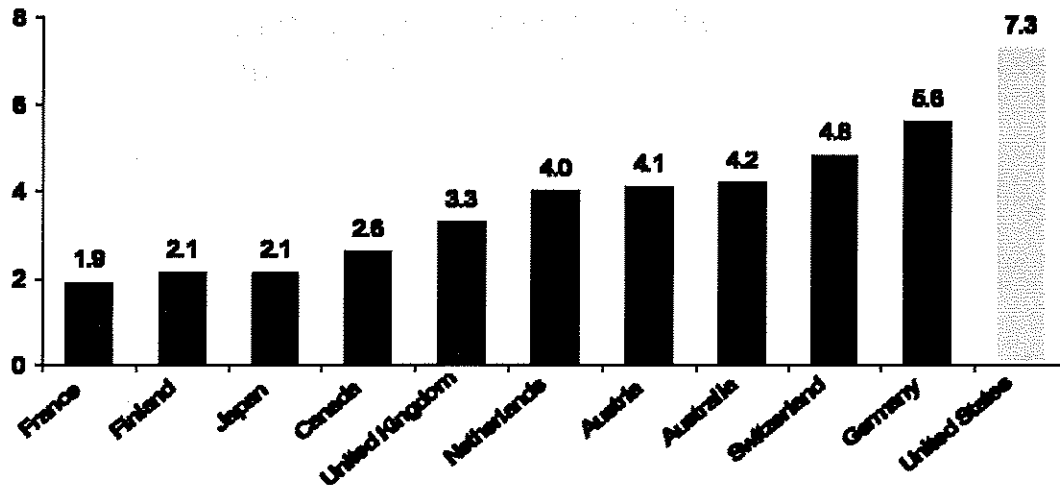
- Legislation to provide immediate funding for health information technology infrastructure, training, dissemination of best practices, *telemedicine*, inclusion of health information technology in clinical education, and State grants to promote health information technology.
- *Saving the government \$10 billion*, and generate additional savings throughout the health sector, through improvements in *quality of care and care coordination*, and reductions in medical errors and duplicative care.

Background: Health Care Challenges

EFFICIENCY

Percentage of National Health Expenditures Spent on Health Administration and Insurance, 2003

Net costs of health administration and health insurance as percent of national health expenditures



* 2002 b 1999 c 2001

* Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.

Data: OECD Health Data 2005.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



Health Care Opinion Leaders: Views on Controlling Rising Health Care Costs

"How effective do you think each of these approaches would be
to control rising costs and improve the quality of care?"
Percent saying "extremely/very effective"



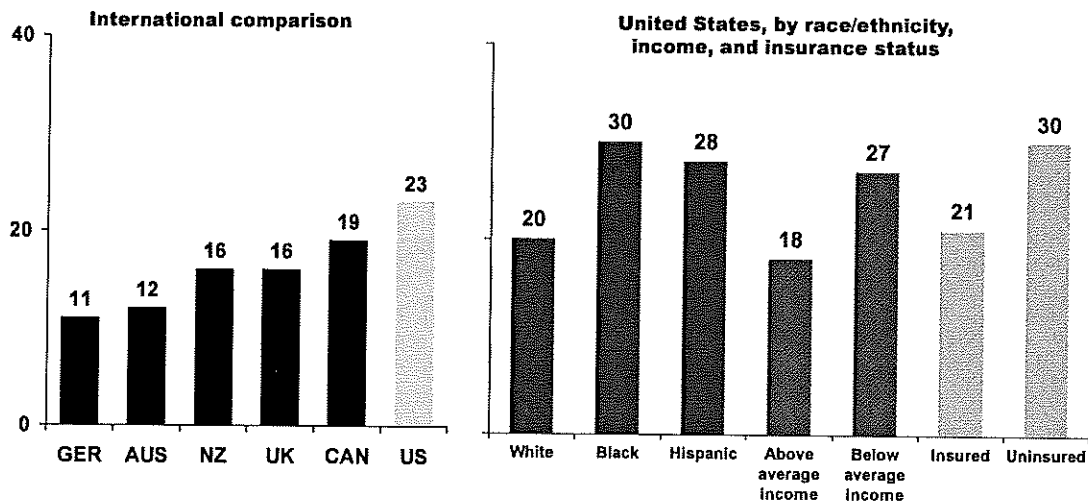
Note: Based on a list of 19 issues.

Source: The Commonwealth Fund Health Care Opinion Leaders Survey, Jan. 2007.



Test Results or Medical Record Not Available at Time of Appointment, Among Sicker Adults, 2005

Percent reporting test results/records not available at time of appointment in past two years



GER=Germany; AUS=Australia; NZ=New Zealand; UK=United Kingdom; CAN=Canada; US=United States.
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.

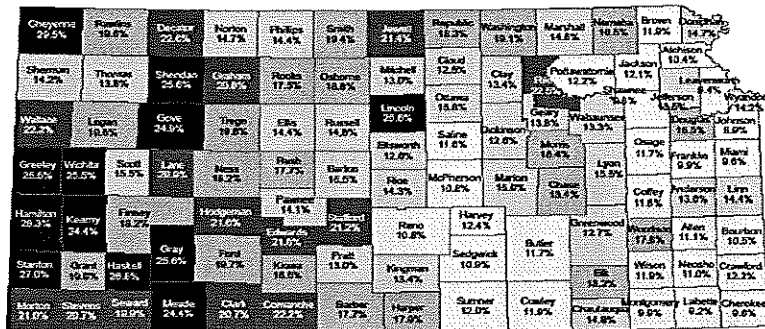
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



Getting Value for Money: Health System Transformation

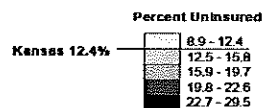
- Transparency; public information on clinical quality, patient-centered care, and efficiency by provider; insurance premiums, medical outlays, and provider payment rates
- Payment systems that reward quality and efficiency; transition to population and care episode payment system
- Patient-centered medical home; Integrated delivery systems and accountable physician group practices
- Adoption of health information technology; creation of state-based health insurance exchange
- National Institute of Clinical Excellence; invest in comparative cost-effectiveness research; evidence-based decision-making
- Investment in high performance primary care workforce
- Health services research and technical assistance to spread best practices
- Public-private collaboration; national aims; uniform policies; simplification; purchasing 10 power

Where are the uninsured in Kansas?

Percent of People Under 65 without Health Insurance by Kansas County
2005

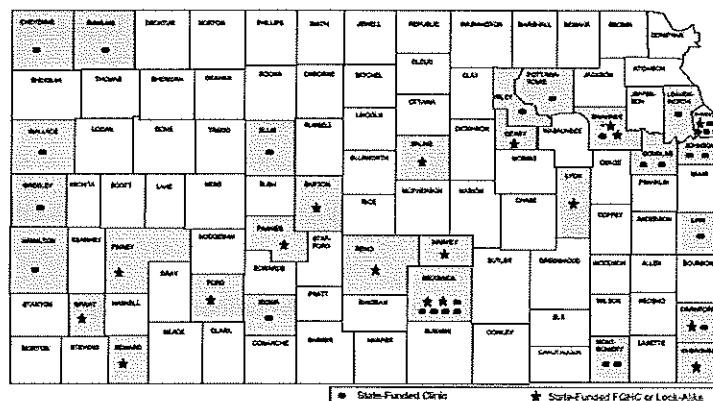
Source: Institute for Policy & Social Research; data from the U.S. Census Bureau, Small Area Health Insurance Estimates, 2005.

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& SOCIAL RESEARCH**
The University of Kansas



Safety Net Clinic locations in Kansas

2009 State-funded Clinic Sites by County



Enroute: The Care Project
Cherokee: Community Health Center of Southwest Georgia
Cherokee: Cherokee County Hospital Clinics
Cornelia: Community Health Center of Southwest Georgia
Meritt: Health Systems
Georgias: Health Care Access
Mountain: Clinic
Elbert: First Care Clinic
Fleming: United Methodist Medical Association Mobile
Ford: United Methodist Medical Association Ministries
Georgia: United Methodist Community Health Center
Greene: United Methodist Medical Association Ministries
Grady: Grady County Family Practice

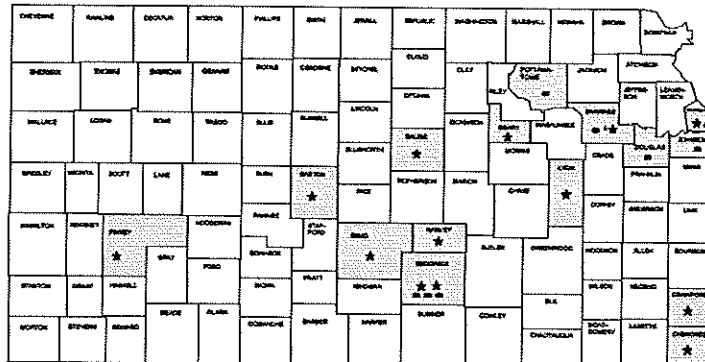
Haverhill: Haverhill County Family Practice
 Haverhill: Health Information Clinic (Jock-Art)
 Johnsons: Health Partnership Clinic of Johnsons
 Albany and Twin Medical Services
 Keweenaw: Keweenaw County Hospital Clinic
 Lutsen: Lutsen St. Vincent Clinic (Jock-Art)
 Lutsen: Mercy Health Systems
 Lutsen: Five Hills Community Health Center
 Monticary: Mercy Health Systems
 Monticary: Monticary County Community Clinic
 Palmer: Air Care Project
 Plover: Plover Community Health Ministry
 Renville: Renville County Health Department

Alameda: Pasa Rob Community Health Center
Albany: Albany County Administration Health Department
Albany: Saline, Social Family Healthcare
Albany: Sedgwick: Center for Health and Wellness
Albany: E.C. Tyne Health and Dental Clinic
Albany: Good Samaritan Clinic
Albany: GraceMed Health and Dental Clinic
Albany: Grassroots Clinic
Albany: Healthy Options Clinic
Albany: Hunter Health Clinic
Albany: Summit: United Methodist Mission-African American, Mr.
Albany: Shuman: Muslim Clinics
Albany: Schoharie County Health Agency

**Walla Walla County Family Practice
Wendell: Duchesne Clinic (Caring)
Merry and Thon Medical Missions
Silver City Health Center
Southeast Bend Family Health Care
Sage Health Services
Turner House Children's Clinic**

Medicaid Dental Providers in Kansas

2009 State-funded Dental Clinic Sites by County



Barford: We Care Project
Cherokee: Community Health Center of Southeast Kansas
Crawford: Community Health Center of Southeast Kansas
Douglas: Health Care Access
Finney: United Methodist Mexican-American Ministries
Geary: Kanza Prairie Community Health Center
Harvey: Health Ministries Clinic (Look-Alike)
Johnson: Health Partnership Clinic of Johnson County
Lyon: Flint Hills Community Health Center
Pottawatomie: Community Health Ministry
Reno: Flint Hills Community Health Center

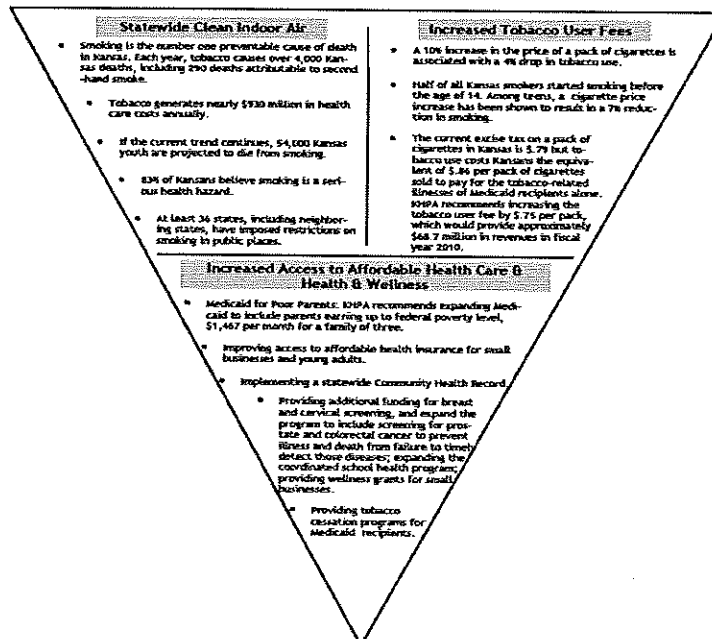
Salina: Salina Family Healthcare
Sedgewick: Center for Health and Wellness
E.O. Tyree Health and Dental Clinic
Graceland Health and Dental Clinic
Healthy Options Clinic
Hunter Health Clinic
Shawnee: Merwin Clinics
Wyandotte: Southwest Blvd. Family Health Care
Wyothe: Health Services

★ State-Funded FQHC or Look-Alike
■ State-Funded Clinic

*Statewide: Kansas Statewide Farmworker Health Program

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2009 Health Reform Priorities



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Senate Bill 81: Defining Medical Home

- “a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventative care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.”

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Operationalizing the Medical Home Concept

**Goal: Create a medical home model(s)
for Kansas**

- Internal Working Group
- All Stakeholders Group
 - Principles subgroup
 - Marketing/Messaging subgroup
 - Pilot Projects subgroup
- Payment reforms and incentives built into pilots

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Medical Home-Key Elements

- Team approach to care
- Registries for the top few diagnoses
- Active care coordination
- Prospective data collection
- Partnership with community resources
- Advanced patient education and self management support

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How Will I Know One When I See One?

- Commitment to care for the whole person
- Demonstrated use of tools and systems including registries and eventually EHR
- New NCQA medical home recognition program (PPC)
- Patient satisfaction and health outcomes

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PCMH-PPC Proposed Content and Scoring

Standard 1: Access and Communication		Pt	Standard 5: Electronic Prescribing		Pts
A.	Has written standards for patient access and patient communication**	4	A.	Uses electronic system to write prescriptions	3
B.	Uses data to show it meets its standards for patient access and communication**	5	B.	Has electronic prescription writer with safety checks	3
		9	C.	Has electronic prescription writer with cost checks	2
					8
Standard 2: Patient Tracking and Registry Functions		Pt	Standard 6: Test Tracking		Pts
A.	Uses data system for basic patient information (mostly non-clinical data)	2	A.	Tracks tests and identifies abnormal results systematically**	7
B.	Has clinical data system with clinical data in searchable data fields	3	B.	Uses electronic systems to order and retrieve tests and flag duplicate tests	6
C.	Uses the clinical data system	3			13
D.	Uses paper or electronic-based charting tools to organize clinical information**	6	Standard 7: Referral Tracking		PT
E.	Uses data to identify important diagnoses and conditions in practice**	4	A.	Tracks referrals using paper-based or electronic system**	4
F.	Generates lists of patients and reminds patients and clinicians of services needed (population management)	3			4
		21	Standard 8: Performance Reporting and Improvement		Pts
Standard 3: Care Management		Pt	A.	Measures clinical and/or service performance by physician or across the practice**	3
A.	Adopts and implements evidence-based guidelines for three conditions **	3	B.	Survey of patients' care experience	3
B.	Generates reminders about preventive services for clinicians	4	C.	Reports performance across the practice or by physician **	3
C.	Uses non-physician staff to manage patient care	5	D.	Sets goals and takes action to improve performance	3
D.	Conducts care management, including care plans, assessing progress, addressing barriers	3	E.	Produces reports using standardized measures	2
E.	Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities	5	F.	Transmits reports with standardized measures electronically to external entities	1
		20			15
Standard 4: Patient Self-Management Support		Pt	Standard 9: Advanced Electronic Communications		Pts
A.	Assesses language preference and other communication barriers	2	A.	Availability of Interactive Website	1
B.	Actively supports patient self-management**	4	B.	Electronic Patient Identification	2
		6	C.	Electronic Care Management Support	1
					4

**** Priority Elements**



Health Information Technology (HIT) & Health Information Exchange (HIE)



Statewide Community Health Record

- Health Information Technology and Exchange:
 - Facilitate sharing, exchange of health records
 - Promote safety and improve quality
 - Improve efficiency and promote cost savings
- Two ongoing pilot projects
 - Wichita: HealthWave managed care providers
 - KC Area: State employees participating in employer sponsored initiative
- Expand statewide for Medicaid and SEHP
- Enhancement Request FY 2010: \$1,096,000 (AF); \$383,600 (SGF)

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Importance of HIT/HIE

- Need for Health Information Exchange/ Health Information Technology (HIE/HIT)
 - Promote efficiencies in the delivery of health care
 - Improve quality of care
 - Improve patient safety
 - Potential for achieving long term cost savings
- HIT/HIE fosters coordination of care and implementation of medical home model of care
- *Includes telemedicine and telehealth*

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Federal HIT/HIE Initiatives

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HIT/HIE at the Federal Level

- President Bush placed a significant focus on HIT/HIE Initiatives – President Obama to build from this work
- Created the Office National Coordinator for Health Information Technology (ONCHIT) in 2004
 - **National Health Information Network (NHIN):** Issued four contracts to develop (architecture and prototype network for secure information sharing)
 - **Formation of the American Health Information Community (AHIC):** Created to serve as a national standards and policy body to make recommendations to the federal government on how to achieve interoperable electronic health records that assure privacy and security

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HIT/HIE at the Federal Level (Con't)

- Other HIT/HIE initiatives
 - Call for widespread adoption of Electronic Health Records (EHR) by 2014
 - President Bush's Aug 2006 Executive Order requiring Government departments and agencies involved in health care to:
 - Adopt HIT standards
 - Work with common quality measures
 - Make price and quality information transparent to consumers
 - Create positive incentives to reward high quality health care

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Kansas Initiatives

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Progression of HIT/HIE in Kansas

Governor's Health Care Cost Containment Commission (H4C)

November 2004



Kansas HIT/HIE Policy Initiative

Fall 2005



Kansas HIE Commission

March 2006



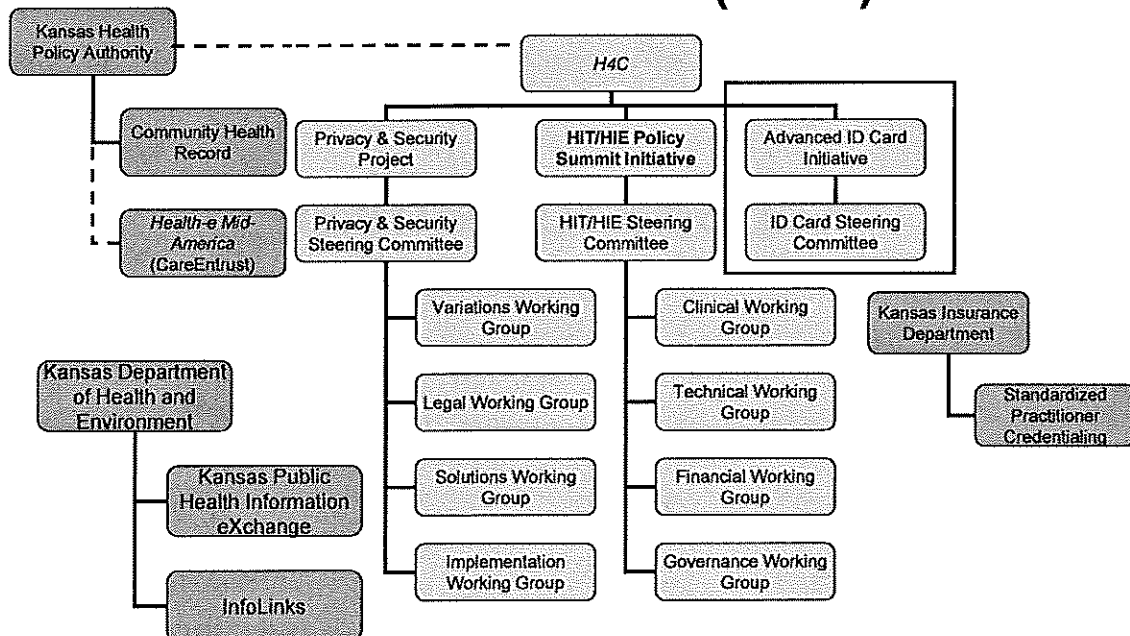
E-Health Advisory Council (Advisory to KHPA Board and Governor)

Spring 2008

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Kansas HIE Initiatives Overview (2004)



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Kansas: Health Care Cost Containment Commission (H4C)

- **History:** Established in November 2004 by Gov Sebelius, under direction of Lt. Gov John Moore
- **Charge:** Recommend solutions to improve patient care and lower costs by (1) reducing duplicative and inefficient administration processes and (2) developing strategies for efficient and effective use of health information
- **Results:** Development of a statewide shared vision for HIT/HIE – the “HIE Roadmap”

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HIT/HIE Policy Initiatives: Roadmap

- **Charge:** Develop shared vision for adoption of HIT & interoperability in KS; draft set of key principles & high level actions for statewide E-Health Information strategy
- **Work Groups:** Make recommendations on HIE infrastructure
 - **Governance:** develop sustainable governance model (oversight, coordination, direction)
 - **Clinical:** recommend data elements to be exchanged
 - **Technical:** assess HIE capability, identify gaps/barriers to address
 - **Financial:** develop sustainable financial model for infrastructure development and ongoing HIE
 - **Security and Privacy:** (Health Information Security and Privacy Collaboration or “HISPC”) – develop implementation plan to address barriers to interoperable HIE
- **Financial Support:** Sunflower Foundation, United Methodist Health Ministry Fund, Kansas Health Foundation, and Kansas Health Policy Authority

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Roadmap Recommendations

- Create public-private coordinating entity
 - *E-Health Advisory council (KHPA & Governor) serving in this role*
- Provide consumer/stakeholder education
 - *Kansas Health Online*
- Leverage existing resources
 - *Medicaid and State Employee Health Plan pilots*
 - *Push for statewide Community Health Record (CHR)*
- Demonstrate impact of HIE and foster incremental change
 - *CHR pilots; challenges re: interoperability, sustainable funding, ROI*
- Address privacy and security barriers
 - *Kansas HISPC Initiative*
- Seek funding from multiple sources
 - *Seeking foundation support for HIT/medical home initiatives*

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Health Information Exchange Commission (HIEC)

- **History:** Governor's Executive Order established the Commission Feb, 2007
- **Charge:** To serve as a leadership and advisory group for HIE/HIT in Kansas
- **Results:**
 - Report of the HIEC delivered to the Governor for her consideration
 - HIEC Recommended:
 - Establishment of a public/private coordinating entity
 - *E-Health Advisory council (KHPA & Governor) serving in this role*
 - Resource support for HIT/HIE efforts in Kansas
 - *Budget enhancement requests for statewide community health record and HIT/HIE resource center not supported by legislature*

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E-Health Advisory Council

- **History:** Given KHPA's statutory charge to coordinate health care for Kansas, Governor requested KHPA to guide development and administration of statewide health information technology and exchange
- **Charge: KHPA Board and Governor create the E-Health Information Advisory Council to implement:**
 - Statewide Community Health Record
 - Develop and implement resource center for providers wishing to implement HIT/HIE
 - Develop policy recommendations to advance HIT/HIE in Kansas

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Community Health Record Pilot Project

Development & Utilization of HIT and
HIE in Kansas

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Kansas Medicaid Community Health Record (CHR)

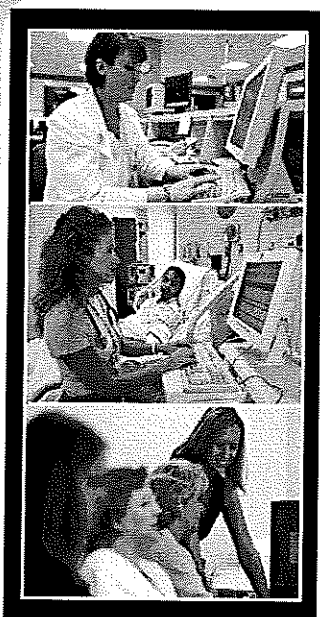
- **Location:** Sedgwick County, KS
- **Pilot Population:** Medicaid Managed Care
- **Purpose:** To improve the quality, safety, and cost-effectiveness of care
- **Timeline:**
 - Launched in Feb 2006
 - Currently implemented in 20 sites
 - Submitted a budget enhancement request of \$50,000 SGF for FY 2009 to expand program to 20 additional sites in Sedgwick County
 - Statewide expansion included in KHPA Board health reform recommendations for 2008 legislative session³⁵



Kansas Medicaid CHR Pilot (Con't)

- **Utilization:** Medicaid providers accessed 7,487 records for 4,620 unique patients in 2007
- **Functions:**
 - Web-based tool via Cerner designed platform
 - Online provider access to 12+ months of aggregated claims data and health transactions regarding a patient's office visits, hospitalizations, medications, immunizations, and lead screening data
 - Real-time e-prescribing function alerts providers of contraindication to prescribed therapy, generic alternatives, preferred drug lists, and whether it is a high or low cost drug.

Three Types Of Electronic Health Records



■ Provider Electronic Health/Medical Record (EHR or EMR)

- ◇ Legal medical record owned and used by providers to manage their own patient population
- ◇ Used across multiple venues of care within an enterprise for multiple conditions

■ Community Health Record (CHR)

- ◇ "Community owned" record that serves a "politically viable" geography, region, or health system network
- ◇ Crosses traditional provider system's boundaries
- ◇ Derives summary information from multiple sources
- ◇ Ties into a national health infrastructure
- ◇ Enables bio-health, public health, outcomes management

■ Personal Health Record (PHR)

- ◇ Personally-managed health data
- ◇ Populated with data from CHRs and EMRs
- ◇ Wellness programs/condition mgmt.



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Key Features & Benefits

- Provides a quick summary of key activity information
- Web-based, easy to deploy and easy to learn
- Patient-centered record of aggregated health data
- Enables both aggregated and "shared only" views of the information
- Contains extendable services, e.g. in-box, eRx, etc.
- Stepping-stone towards a full EMR



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Sedgwick County Pilot Timeline

■ Phase I – February, 2006

- ◇ Community Health Record
 - FirstGuard Medicaid Members
 - Demographics, Claimed Visits, Dispensed Medications, Immunizations
 - 12 months of historical claims data; continue data uploads through 2006
- ◇ Master Person Index
 - Unique Person Identifier
- ◇ Documentation
 - Allergies
 - Kan Be Healthy

■ Phase II – May, 2006

- ◇ HealthConnect Members
- ◇ ePrescribing roll-out (SureScripts Connection – June, 2006)
- ◇ Lead Screening Results

■ Phase III – January, 2007

- ◇ Transitioned MCO's
 - UniCare & Children's Mercy Family Health Partners
- ◇ New Functionality
 - Change Password Capability, Add Patient, EPSDT Enhancements, etc.

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CareEntrust: Kansas City Health Exchange

- **Location and Participants:**
 - Non-profit organization comprised of around 20 of Kansas City's leading employers and health care organizations including Kansas State Employee Health Plan (for KC residents)
- **Purpose:**
 - To develop and manage the CHR as a means to improving patient safety and avoiding costly and wasteful health care practices
- **Timeline:**
 - Developed a business plan for a Regional Health Information Exchange that governs and manages a CHR for Wyandotte, Leavenworth, and Johnson Counties – Kansas SEHP



CareEntrust: Kansas City Health Exchange (Cont')

- **Community Health Record Details:**
 - Consists of a central data repository that stores comprehensive, person-centric health data for provider access
 - Aggregates information from health plans, pharmacy benefit managers, laboratories, and immunization registry data
- **Target Population:** employees & dependents of the 20 participating employers

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Health Information Security and Privacy Collaboration

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Health Information Security and Privacy Collaboration (HISPC)

- **Funding:** Federal Health and Human Service Grant funded through RTI International
 - Partnership with the National Governor's Association
- **Purpose:** Statewide assessment of business practices and policies around HIE; identify barriers to interoperable HIE; develop solutions
- **HISPC I, II, and III in Kansas:**
 - Sponsored by Governor's Health Care Cost Containment Commission (H4C)
 - One of 34 states awarded subcontract
 - **Timeline:** May 2006 through March 2007
 - **Public-Private Project Team:** KHI – project manager, KU Center for Health Informatics, and KHPA, Mid-America Coalition on Healthcare, Lathrop & Gage, other stakeholders

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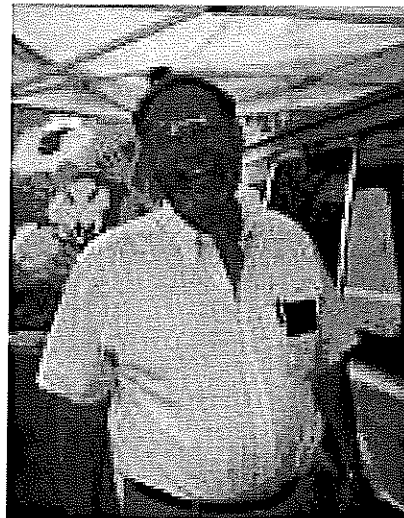
Tying it all together

Future of these Initiatives

- Obama Administration: Role for federal leadership re: interoperability and privacy protections
- States: Budget challenges (enhancements and staff support)
- Potential for Kansas: Use federal stimulus package dollars to:
 - Incentivize the use of electronic health information
 - Support the use of telemedicine and telehealth as part of HIT-HIE efforts
 - Use both HIT and telemedicine to create a medical home model of care that serves all Kansans.

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Representative
Tom Sloan upon
hearing that the
federal stimulus
package contains
funds to promote
HIT/HIE and
telemedicine



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<http://www.khpa.ks.gov/>